

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>NOTICE OF DISALLOWANCE OF CLAIM</b>	<b>FILE NO.</b>
---	--	-----------------

Estate of \_\_\_\_\_

TO: Claimant name and address

Your written statement of claim dated \_\_\_\_\_ for \$ \_\_\_\_\_ is disallowed

☐ in whole. ☐ in part as to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

The ☐ entire claim ☐ portion of the claim which has been disallowed \_\_\_\_\_ will be forever barred unless you start a civil action by filing a complaint against the fiduciary. Your complaint must be filed with the appropriate district, circuit, or probate court not later than **63** days after the mailing or delivery of this notice.

Date \_\_\_\_\_

Signature of attorney \_\_\_\_\_

Signature of fiduciary \_\_\_\_\_

Name of attorney (type or print) \_\_\_\_\_ Bar no. \_\_\_\_\_

Name of fiduciary (type or print) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

**PROOF OF SERVICE**I certify that on \_\_\_\_\_ I served a copy of this notice on the claimant by  
Date

- ☐ ordinary mail at the address stated above.  
☐ delivering personally to the claimant.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date \_\_\_\_\_

Signature of fiduciary/attorney \_\_\_\_\_

Do not write below this line - For court use only